

THE MEDICAL NEWS

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VOL. I.

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CLINICS, WILLS HOSPITAL.

Report of the Quarter ending June 30th, 1843.

Dr. GEORGE FOX, Attending Surgeon.

In the Hospital, on April 1st, 1843, with diseases of the eyes, 21; diseases of the limbs, 5; of whom were males 12; females 14. Admitted during the quarter, with diseases of the eyes, 30; diseases of the limbs, 1; of whom were males 14; females 17. Total, 57.

Discharged during the quarter, with diseases of the eyes, 25; diseases of the limbs, 5; of whom were males, 13; females, 17. Remaining in the Hospital on June 30th, with diseases of the eyes, 26; diseases of limbs, 1; of whom were males 13; females 14. Of those discharged there were cured, (males 9, females 14,) 23: relieved, (males 4, females 2,) 6: by request, (female) 1. Total 30. The operations during the quarter were, for cataract, 3. The number of out-

patients has been 29. Whole number prescribed for, 86.

WM. SPEER, Resident.

MEDICAL EDUCATION AND INSTITUTIONS.

Medical Service in the Navy, No. II.

Perhaps there is no situation in which there is required a higher degree of professional qualification, in which professional deficiency would be more severely felt, and more apparent, than in that occupied by a medical officer in the navy, particularly if he happen to be the only physician in a vessel at sea. In the event of wide spreading disease, or critical wounds, the result of an expedition may depend upon his skill and professional discretion. Should the commander or several of the lieutenants fall sick or receive wounds, difficult for an ignorant surgeon to manage, a voyage might be abandoned which could be accomplished by the presence of one well informed in the princi-

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ples of medicine and surgery, for it might be in his power to show the means of averting fatal consequences from epidemics or from certain wounds without quitting the sea. But, without supposing such an extreme case, it not unfrequently happens that the lives of valuable officers would be periled, if not lost, in consequence of diseases, quite manageable in the care of a well instructed practitioner, but very destructive in the hands of an ignorant one.

The position of a medical officer in the navy is most responsible, for upon his sole skill and discretion the health and lives of the officers and crew must frequently depend. He becomes, in many instances, the arbiter of life or death; his judgment alone must often decide the question, for he cannot resort to consultation as he might do on shore, and gain the advantage of other and better skill. He must decide for himself, and upon the correctness of his decision may depend, not only the life of his patient, but also whether a wife is made a widow, and children fatherless, whether parents are bereft of a son or sisters of support, or the success of some important public enterprise. His is the responsibility of health, of life and death; no bondsmen can answer for his default, no money can replace what may be lost through lack of medical knowledge.

The government, and also the navy generally, are fully aware of the great importance to the navy of a medical corps possessing a high grade of professional knowledge; and means have been taken, from time to time, to augment its usefulness, and increase its consideration and standing, but it still falls far short of the position to which it is justly entitled—of this point hereafter.

Prior to 1824, medical officers were appointed in the navy simply on the guarantee of a medical diploma, or even on the recommendations of medical men of standing in the profession, and from this circumstance it happened that very many surgeons in the navy were not graduates in medicine. *If these letters of recommendation were always conscientiously written, and only given after careful examination of the candidate for the office,* the navy might have secured competent men in all instances; but experience has taught the government that these letters are to be viewed as testimonials of the partiality and friendship of the writers, rather than as evidence of professional ability. We have known of letters of this nature so

strong in their expressions, as to warrant the belief that the candidate was in no respect inferior to Sir Astley Cooper, or Sir Henry Hallford; yet, when brought to the test of examination, he might tell you that pleurisy in its commencement was distinguishable from pneumonia by the projection of the intercostal spaces—that the proper mode of treating a simple fracture was to poultice it for the first week—or that fracture of the thigh ought to be perfectly well in three weeks—or that *carbonate* of arsenic was the basis of Fowler's solution—that there was no difference between a chloride and a chlorate—that opium was an extract obtained by boiling the sexual organs of the poppy—that hydrocele and hernia humoralis were different names for the same disease, which could be generally cured by pressure or cold applications—that the bladder should never be punctured through the rectum because it would certainly be followed by infiltration of urine into the pelvis—or that the *martial* preparations derived their name from the gentleman (Mr. Marshall?) who first made them in this city—or make some similar declaration clearly indicating the extent of his learning and competency to discharge the duties of a medical officer in the navy, alone and unassisted. We have good authority that these replies were actually made by candidates, at different times, before the navy board of examination, and that the gentlemen who recommended them in the most superlative manner, were indignant because they were not passed; and, in some instances, they did not hesitate in declaring the board rejected their friends through malice, or pique, or for differing with some one member on a theoretical point, or through political or personal bias; and some, too, were of opinion, these boards ought to be abolished, for a medical diploma was proof enough of competency; and we heard it argued, that a gentleman, who was rejected on examination for promotion, ought to have been passed, because he had extensive political influence, was engaged to be married! and had taken the first honour at college.

No matter whether examined for admission or for promotion, unsuccessful candidates rarely attribute failure to any deficiency of their own; but, making their own opinion of themselves—(sustained, as it usually is, by grandiloquent testimonials)—paramount to that of the Board on the same

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subject, they set down to injustice or unkindness of the Board what is alone chargeable to their own ignorance. In some cases of rejection, professional friends are induced to write extravagant certificates of competency, and thus concur in the opinion of the rejected candidate that the Board has failed in its duty towards him, but without any motive being assigned; and strange to say, such certificates have been brought to the chief of the Navy Department, and even to the President of the United States himself, and urged as sufficient proof that the candidate was entitled to a commission in spite of the adverse opinion of a Board, whose interests were in no way involved in its decision: it is scarcely necessary to add, the Board is always sustained in its decisions, and such appeals are unavailing.

Certificates of character and of qualification are usually prepared under the influence of kindness—a desire to serve the individual who asks the favour, and can rarely be relied upon as rigidly true: we venture to say, that such certificates would not be given in all cases, if the writers were in the habit of feeling responsible for the accuracy of their statements, or if they closely examined those they recommend. And we believe also, always provided they were *qualified to judge*, the writers of such certificates, were they present at examination, they themselves would confirm the decision of the Board in ninety-nine cases in a hundred. There is little doubt but boards of examination have been harshly reflected upon by persons whose knowledge of essential requisites for the candidate, was too imperfect to render their opinions of much worth, no matter how freely they were expressed.—“Ignorance mistaken for knowledge,” says Dr. Elliotson,* “is a frightful perpetrator of injustice and cruelty. Were I a preacher, there is one sin,—a daily, hourly sin,—one productive, unheeded, of immense mischief,—against which I would lift my voice in season and out of season, but which I never once in my whole life heard preached against, though I find it treated of in one of the late Dr. Arnold’s sermons. It is the sin of *pre-*

suming to hold opinions upon which we have not qualified ourselves to have any opinion at all. Men and women, young and old, educated and uneducated, rich and poor, equally commit this from morning till night, committing it not only in word but in action: and yet they, in superficial routine, pray to God to keep them from presumptuous sins,—“Keep thy servant also from presumptuous sins,”—(Psalm xix).”

The fact is, the leniency, and not the severity, of these boards is rather a ground of complaint; for we have been assured by an assistant surgeon in the navy, that, though there were some passed who were not fully qualified, he knew of no man being rejected who ought to pass.

Dr. Edward Cutbush, a surgeon in the navy at the time, suggested, in his “*Observations on the Means of Preserving the Health of Soldiers and Sailors*,” published in 1808, that medical officers should be examined by boards of surgeons for the army and navy prior to appointment; and Dr. W. P. C. Barton makes a similar suggestion in his work on “*Marine Hospitals*,” published in 1814; but it was not till 1824, that candidates for admission into the navy were examined previously to their appointment, and again prior to promotion, after serving five years as assistant surgeons. The army board was instituted somewhat later.

Prior to 1824, there were some men appointed, who, notwithstanding that their letters of recommendation were drawn in the strongest terms of eulogy, were scarcely qualified to discharge the duties of hospital steward. Upon examination for promotion, their deficiencies were clearly established, and they ceased to be officers of the navy, in compliance with the terms of the law. And it may be asserted without fear of contradiction, if the boards of examination continue to discharge their important duty, faithfully and fearlessly, both towards the government and the candidates, the medical corps of the navy will challenge any similar corps in the world for excellence and professional efficiency. Independently of this consideration, these examinations have an important bearing upon medical education in the United States, for the schools will endeavour to make their graduates competent to pass the ordeal of the army and navy boards.

In our next, we shall speak of the mode of obtaining appointments in the navy, and of the nature of the examination.

* Numerous cases of surgical operations without pain in the mesmeric state; with remarks upon the opposition of many members of the Royal Medical and Chirurgical Society and others, &c., by John Elliotson, M. D. Cantab. F. R. S., 8vo. pages 56, Lea and Blanchard, Philada., 1843.

SKETCHES AND ILLUSTRATIONS OF MEDICAL DELUSIONS.

Reviving the Dead.—Mantaccini, the famous charlatan of Paris, was a young man of good family, and having in a few years squandered a large estate, and reduced himself to beggary, he felt that he must exercise his ingenuity or starve. In this state of mind he cast his eyes round the various devices which save from indigence, and are most favoured by fortune. He soon perceived that charlatanism was that on which this blind benefactress lavished her favours with most pleasure, and in the greatest abundance. An adroit and loquacious domestic was the only remaining article of all his former grandeur; he dressed him up in a gold-laced livery, mounted a splendid chariot, and started on the tour under the name, style, and title, of "the celebrated Dr. Mantaccini, who cures all diseases with a single touch, or a simple look."

Not finding that he obtained as much practice as his daring genius anticipated, he determined to resort to still higher flights. He left Paris, and modestly announced himself at Lyons as "the celebrated Dr. Mantaccini, who revives the dead at will." To remove all doubt, he declared that in fifteen days he would go to the common church-yard, and restore to life its inhabitants, though buried for ten years. This declaration excited a general rumour and murmur against the doctor, who, not in the least disconcerted, applied to the magistrate, and requested that he might be put under guard to prevent his escape, until he should perform his undertaking. The proposition inspired the greatest confidence, and the whole city came to consult the clever empiric, and purchase his *baume de vie*. His consultations were most numerous, and he received large sums of money. At length the famous day approached, and the doctor's valet fearing for his shoulders, began to manifest signs of uneasiness. "You know nothing of mankind," said the quack to his servant, "be quiet." Scarcely had he spoken these words, when the following letter was presented to him from a rich citizen:—"Sir, the great operation you are going to perform, has broken my rest. I have a wife buried for some time, who was a fury, and I am unhappy enough already without her resurrection. In the name of Heaven do not make the experiment. I will give you fifty louis to keep your secret to your-

self." In an instant after two dashing beaux arrived, who, with the most earnest supplications entreated him not to raise their old father, formerly the greatest miser in the city, as, in such an event, they would be reduced to the most deplorable indigence. They offered him a fee of fifty louis, but the doctor shook his head in doubtful compliance. Scarcely had they retired, when a young widow, on the eve of matrimony, threw herself at the feet of the quack, and, with sobs and sighs, implored his mercy. In short, from morn till night, the doctor received letters, visits, presents, fees, to an excess, which absolutely overwhelmed him. The minds of the citizens were differently and violently agitated, some by fear, and others by curiosity, so that the chief magistrate of the city waited upon the doctor, and said; "Sir, I have not the least doubt, from my experience of your rare talents, that you will be able to accomplish the resurrection in our church-yard the day after to-morrow, according to your promise; but I pray you to observe that our city is in the utmost uproar and confusion; and to consider the dreadful revolution the success of your experiment must produce in every family; I entreat you, therefore, not to attempt it, but to go away, and thus restore the tranquillity of the city. In justice, however, to your rare and divine talents, I shall give you an attestation, in due form, under our seal, that you can *revive* the dead, and that it was our own fault we were not eye-witnesses of your power." This certificate was duly signed and delivered, and Dr. Mantaccini left Lyons for other cities to work new miracles. In a short time he returned to Paris, loaded with gold, where he laughed at the popular credulity.—*Physic & Physician*.

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An English General Practitioner.—On a cottage window near Plymstock is the following:—"I — Parish Clarke Sargeant, Smith, tacheth yong Garls and Bouys to rade and rite daleth in mole candals shugar plums rish-lites comes, mole traps, mouse traps, spring guns, and all other sich maters — teeth distracted, blid drawn, blisters, Pils, mixtures maid, also nails, and hosses shoed, hepsome salts, and cornes cut, and all other things on rasonable Tarmes.—N. B. and also my Misses goes out has man whidwife in the cheepest way posuble.—*Dublin Med. Press*, March 22, 1843.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

Influenza.—This epidemic still lingers among us, and with the characters which we described in our last No. One peculiar feature in this epidemic is the rapidity with which it has spread, extending over the whole union in less than a month. It seems first to have appeared in New York, and we hear now of its prevalence from Canada to New Orleans, and as far west as the Mississippi. The rural districts seem to have suffered equally with the large cities.

Extirpation of Ovaria.—Dr. JOHN L. ATLEE, of Lancaster, Pennsylvania, extirpated on the 29th of June last, both ovaria of a lady. The right ovary after removal weighed 18 ounces, the left 14 ounces. The operation was not followed by any unfavourable symptoms—there was no vomiting—and on the 22d of the present month the patient had so far regained her strength as to be able to ride nine miles. Dr. A. informs us that he is preparing a full report of the case for publication in the American Journal of the Medical Sciences.

The late Attorney-General of the United States.—The death of the Hon. Hugh S. Legaré was caused, as revealed by post-mortem inspection, by strangulated intestine: the colon, at its sigmoid flexure, was rotated around the mesentery as an axis.

The Mulatto a Hybrid.—The No. of the American Journal of the Medical Sciences for July last, contains an interesting paper by Dr. J. C. Nott, of Mobile, on this subject. The author adduces many facts tending to show that the mulatto is a hybrid, and that the two races will probably become extinct if the whites and blacks are allowed to intermarry. If the conclusions of Dr. Nott be confirmed by further investigation, it must follow that the intermarriage of the two races is a violation of the law of nature.

Diet at the House of Correction and House of Industry, Boston.—At the House of Correction, three days in each week, boiled fresh beef is allowed; three days, beef soup; one day, baked beef. About 180 lbs. beef, daily, for 300 prisoners; 6

bushels of potatoes, daily, for the same; 20 ounces bread for each prisoner, daily, made of the best flour, with a small portion of Indian meal. Molasses, tea and rye coffee are also used in considerable quantity; pepper, salt, &c. About one half the prisoners are females.

The official who furnished the above, informs us the rule is—that if any one wants more bread than the regular quantity allowed, it is given him. It is a part of an individual's punishment, for disobedience of orders, to be shortened in the allowance of food. The bread is of the very best quality. The beef, also, is of the best character—and, in fact, so is all the food provided for the institution.

At the House of Industry; Dinners—Sunday, boiled rice and molasses; Monday, beans, baked or stewed, and pork; Tuesday, beef and soup, vegetables, and white bread; Wednesday, baked beef, vegetables, and white bread; Thursday, beef and soup, vegetables and white bread; Friday, salt fish, vegetables and white bread; Saturday, beef and soup, vegetables and white bread. Breakfasts, tea or coffee, and white bread. Suppers, chocolate and white bread. The diet of the sick is regulated by the medical attendants.—*Boston Med. & Surg. Jour.*

FOREIGN INTELLIGENCE.

Cyanosis.—This is characterized by the skin having more or less of a livid or blue colour, especially where the capillary vessels are most conspicuous, or where the integumentary membrane is most delicate, as in the lips, the cheeks, and under the nails. The mucous membrane of the mouth and nostrils also present a livid, instead of its usual bright scarlet tint. This livor of the general surface is accompanied by habitual dyspnoea, tumultuous action of the heart, irregularity and intermittence of the pulse at the wrist, and an inferior capacity to engender caloric. The dyspnoea and irregular action of the heart, generally more or less felt at all times, are greatly aggravated upon occasion. Slight efforts, the act of coughing, of going to stool, and the like, are apt to bring on fits of suffocation, and when the disease is far advanced, attacks of leipothymia, in one of which the patient expires. Cyanosis is usually apparent from the period of birth, and when the livid or purple hue is very deep, the child will, in general,

scarcely survive more than a few days or weeks. If the tinge be less intense, they may struggle on to puberty, when they very commonly perish. Such children have been observed to grow tall and slender; the muscular system is but very slightly developed; their extremities seem to consist of little more than skin and bone; they are fragile beings, upon whose likelihood of long life no venture can be made: occasionally, however, the livor may gradually disappear, and the patient recover altogether. Cyanosis was early attributed to an imperfect condition of the partition between the right and left auricles of the heart, with which it is frequently connected; but cases of cyanosis have occurred which were not referable to any such organic imperfection, and on the other hand, cases have been met with of very free communication between the auricles, without the occurrence of cyanosis. In one very remarkable instance, the particulars of which are contained in the transactions of the King's and Queen's College of Physicians of Dublin, the communications between the two sides of the heart were so large that the organ might have been considered as single, or as consisting of but one auricle, and one ventricle. The pathological condition which has been found accompanying most of the cases of cyanosis has been a dilated and thickened state of the right cavity of the heart.—*Medical Times*, May 20, 1843.

Placental Pregnancy.—M. Pierard has observed a case of placental pregnancy attended with very remarkable symptoms. A fright, at the second month of gestation, appeared to have caused the death of the fetus. The placenta remained adherent to the womb, becoming enlarged, without any other alteration. After some expulsive pains, of about an hour's duration, there escaped a large quantity of amniotic fluid, very fetid, of a whitish colour, and containing a granular substance; this evacuation was followed by an expulsion of the placenta. The absence of all trace of the fetus proves that it may undergo putrefaction, and become dissolved in the amniotic fluid. The influence of mental disturbance upon the mother must play an important part in the *pathogeny* of the fetus. Placental pregnancy has perhaps caused the condemnation of many an innocent girl for the crime of infanticide.—*Ibid.*

Amaurosis.—A child, of good constitution, 12 years old, had been afflicted with *hordeolum* on the left upper eye-lid, and at the same time, every thing presented to the eye of that side appeared of a green colour. No other remarkable symptoms occurred, beyond frequent pains in the head, which, however, were not very intense. By excluding the eyes for fifteen days from the action of the light, and making the patient wear green glasses, the functions of the eye were restored to their integrity. The same symptoms, however, soon recurred, followed by complete blindness. The patient complained of pain above and below the orbit. Leeching removed the pain, and blisters and purgatives restored the sight.—*M. Guersant. Gaz. des Hopitaux.*

Experiments on the Torpedo.—M. Matteucci communicated to the French Acad. of Sciences, on the 20th Feb. last, the results of some new experiments on the torpedo, illustrative of the theory entertained by himself and M. de Blainville on the analogy between muscular contraction and electricity. He introduced a small quantity of the aqueous solution of opium into the stomach of the living torpedo; the tincture of nux vomica was likewise introduced into the stomach of another live torpedo. The two fishes, apparently dead, were soon afterwards removed from the water, and on their backs were placed two frogs (prepared in the way already described by the author), and the galvanometer. When the animal, or any part of it, was slightly touched, it contracted, and the torpedo furnished an electrical discharge, although before the experiment it required strong irritation to produce any effect.

The brain of a torpedo, much reduced in strength, was exposed, and an alkaline solution of potash applied on the fourth lobe. The torpedo died, giving forth very strong discharges.

The electrical organ was rapidly removed from a living torpedo, and prepared frogs were placed on the organ. On passing a knife into the organ, and dividing the smallest nervous filaments, the frogs leaped up, sometimes one, sometimes the other, according to the point of the electrical organ which was cut. I had never before (says the author) seen in so perfect a manner the localized action of nervous filaments, nor had I ever witnessed so clearly the curious action

of the electrical lobe of the brain. I received six torpedos, which were brought to me in a state of apparent inanition; the most active irritants failed to produce a discharge, for the animals seemed to have been destroyed by the cold. I exposed the brain; and on irritating the fourth lobe I obtained very powerful discharges. I cut up the electrical organ of a live torpedo in all directions, and applied the galvanometer to different points; the direction of the electrical current was invariably from the points nearest the back, towards the lower part of the belly. It is impossible to admit any analogy between the organ, and piles, batteries, &c.—*L. & E. M. J. Med. Sc.* April 1843.

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Asphyxia from drowning relieved by warm ashes.—Dr. Mazier in a letter to Dr. Lucas, Championiere, relates the following curious observation. Some chickens had been accidentally drowned. Three hours afterwards, and when they had become stiff, they were observed by Dr. M.'s father, who having heard of a man who had been drowned having been revived by the application of warm ashes, determined to try it on these chickens. Accordingly he placed them on some cold ashes, covered them over with a layer of the same, so that their bills only were visible, and he then placed some hot ashes over the cold, so that the warmth should penetrate slowly. The whole of the chickens, 8 or 10, were resuscitated.

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Case of Mr. Brunel—half sovereign in the Trachea.—On the 3rd of April last, Mr. Brunel, while engaged soon after dinner in amusing some children, passed a half sovereign into his mouth, which slipped behind his tongue, and brought on a violent fit of coughing, so that he was nearly choked. This was followed by vomiting, when he threw up the contents of the stomach, and strained several times afterwards, but still did not return the coin. In the course of the evening he coughed at intervals, but not violently, and there was soreness of the throat for the next twenty-four hours. The two following days he scarcely experienced any inconvenience, so that he employed himself as usual, and had friends to dine with him. On the 6th he was again troubled with a cough; on the 7th he took a journey into the country, and was exposed to the north-east wind for two

days and a night; the cough became more troublesome, he expectorated mucus tinged with blood, and experienced pain in the situation of the right bronchus. On the evening of the 9th he took two aperient pills, one of which he vomited, when he had a sensation in the chest, as if a loose body had shifted its situation. The cough continuing, Dr. Seth Thompson examined the chest with a stethoscope, and could not distinguish any abnormal sounds. The symptoms continuing, Dr. Thompson advised that Dr. Chambers and Sir B. C. Brodie should be consulted, and by them it was considered that the symptoms indicated the presence of the half sovereign in the right bronchus. Mr. B. placed himself on an inclined plane, and could feel the body moving, but a violent fit of coughing was induced, and he was obliged to desist. On the 21st a consultation was held between Dr. Chambers, Dr. Seth Thompson, Sir B. C. Brodie, Mr. Key, and Mr. Stanley, when no doubt was entertained of the presence of the coin in the trachea, although there could not be distinguished any difference in the respiration by the stethoscope. On the 25th Mr. B. was placed on a platform, made moveable by a hinge in the centre; so that when one part was elevated, the other could be depressed, and when brought to an angle of 90 degs. with the horizon, he was struck sharply on the back, opposite the right bronchus, by which a violent fit of coughing was caused, but the half sovereign was not ejected. This experiment was tried twice, but the cough caused by it was so oppressive, and the symptoms of suffocation so alarming, that it was deemed not prudent to proceed any further with it. On the 27th it was determined in consultation to make an opening between the thyroid cartilage and the trachea, with a double object; it might perhaps be possible to extract the coin through the aperture, or at all events it might serve as a safety-valve, when the experiment of placing the patient on the platform was again tried, to prevent the dangerous fit of coughing previously induced. The operation was accordingly performed by Sir B. C. Brodie, assisted by Mr. Aston Key, and the forceps introduced, with the hope of extracting the coin, but their use caused such a contraction of the diaphragm and abdominal muscles, and such a violent fit of coughing, that it was necessarily abandoned. The attempt how-

ever was repeated on the second of May, but such violent convulsive action was again produced, and the danger appeared to be so great, as not to warrant any further proceeding. The next day a consultation was held with Mr. Lawrence, and Mr. Stanley, who concurred in the views previously taken, and it was decided that nothing further should be done until Mr. B. had recovered from the effects of the previous proceedings, and then again to place him on the inclined plane of the platform. The opening in the trachea meanwhile to be kept patent by proper means. On the 13th the patient was again put upon the platform, and struck upon the back with the hand; this induced cough, and he felt the coin quit the bronchus, and almost at the same instant strike against the teeth and be ejected: it was followed by a small quantity of blood. The patient went on well after this, without either cough, inconvenience or distress, and in a short time was so far recovered as to be able to go into the country.

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On the signs of death.—Dr. DESCHAMPS, of Melun, has presented to the French Academy of Medicine a memoir on the real sign of death. He draws the following conclusions, intended to guide public authorities in the precautions that should be taken against the danger of interring prematurely persons not really dead.

1. A greenish blue colour, extending uniformly over the skin of the belly, is the real and certain sign of death.

2. The period at which this sign appears varies much; but it takes place in about three days, under favourable circumstances of warmth and moisture.

3. Though discoloration of various kinds, and from various causes, may occur in other parts, the characteristic mark of death is to be found only in the belly.

4. Apparent death can no longer be confounded with real death; the belly never being coloured green or blue in any case of the former.

5. This colouring of the belly, which may be artificially hastened, entirely prevents the danger of premature interment.

6. There is no danger to public health from the keeping a body until the appearance of the characteristic sign of death.—*Lancet Med. Gaz.*, May 1842, from *Gaz. Med. de Paris*, Ap.

Phosphorescence in the living body.—Mr. G. F. COLLIER relates in the *Lancet* (June 10, 1843) a curious example of this. It occurred in a man 43 years of age, of tall stature, robust, Herculean strength, and who was for some time annoyed with psoriasis of the palms. He is a gross feeder, extremely fond of the fat of meat, in the use of which he indulges very extensively.—For several days prior to his skin becoming phosphorescent he had been indulging in the use of grossly fat food to an extent exceeding his usual habit, and had been taking large quantities of lemon-juice, his own remedy for psoriasis. He is very temperate in the use of fermented liquors, and seldom takes spirits. He had been reading late, as he was wont to do, and on retiring he had clothed the head of a chair with his shirt instead of throwing it over the chair-back. On getting into bed he saw to his surprise a blaze or halo of phosphorescent flame, representing the headless trunk of a human body, at the foot of the bed, where he had disposed his apparel. His curiosity being excited he got out of bed, and approaching and handling the shirt, he was induced to examine his own skin. He found his arms and his chest in the same luminous state. When the phosphorescence faded on the linen friction restored it. The phenomenon continued for several days, and has since recurred under the same error of diet.

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Changes in the London Hospitals.—Mr. Guthrie has resigned as Surgeon of the Westminster Hospital, and been succeeded by Mr. Hale Thompson. Mr. C. Guthrie has been appointed Assistant Surgeon.

Dr. Bright has resigned his office of Senior Physician to Guy's Hospital, and been succeeded by Mr. Addison. Dr. Barlow has been elected Third Physician, and Dr. Golding Bird and G. O. Rees Assistant Physicians.

Mr. McMurdo has succeeded Mr. Tyrrell as Surgeon to St. Thomas's Hospital.

Mr. Stanley has resigned his lectureship on Anatomy and Physiology in St. Bartholomew's Hospital, and Mr. Skey has been appointed Lecturer on Descriptive and Surgical Anatomy, and Mr. James Paget Lecturer on General and Morbid Anatomy and Physiology.